

Doc Code:

PTO/SB/52 (09-04)

Approved for use through 04/30/2007. OMB 0651-0033  
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**REISSUE APPLICATION DECLARATION BY THE ASSIGNEE**Docket Number (optional)  
1718-0214P

I hereby declare that:

The residence, mailing address and citizenship of the inventors are stated below.

I am authorized to act on behalf of the following assignee: MEDIVIR ABand the title of my position with said assignee is: CEO & President

The entire title to the patent identified below is vested in said assignee.

Inventor	Citizenship
Johan HARMENBERG	SWEDEN

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Majsterpevgatan 8, S-152 70 Sodertakleje, SWEDEN Additional Inventors are named on separately numbered sheets attached hereto.

Patent Number	Date of Patent Issued
6,337,324	January 8, 2002

I believe said inventor(s) to be the original and first inventor(s) of the subject matter which is described and claimed in said patent, for which a reissue patent is sought on the invention entitled:  
**PHARMACEUTICAL COMBINATION**

the specification of which

 is attached hereto. was filed on February 2, 2004 as reissue application number 10 / 771,359  
and was amended on \_\_\_\_\_

(If applicable)

I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment referred to above.

I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56.

 I hereby claim foreign priority benefits under 35 U.S.C. 119(a)-(d) or (f), or 365(b). Attached is form PTO/SB/028 (or equivalent) listing the foreign applications.

I verily believe the original patent to be wholly or partly inoperative or invalid, for the reasons described below. (Check all boxes that apply.)

 by reason of a defective specification or drawing. by reason of the patentee claiming more or less than he had the right to claim in the patent. by reason of other errors.

[Page 1 of 2]

This collection of information is required by 37 CFR 1.175. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO:

If you need assistance in completing the form, call 1-800-PTO-8199 and select option 2.

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REISSUE APPLICATION DECLARATION BY THE ASSIGNEE		Docket Number (Optional) 1718-0214P												
At least one error upon which reissue is based is described as follows:  Claim 1 as granted may be anticipated by prior art not previously considered by the Examiner, specifically the reference Aoki et al., XP-001117608 Abstract, which is submitted with an IDS and PTO-1449 form. Aoki et al. disclose a composition of a combination of acyclovir and betamethasone and states that neither a beneficial nor a deleterious effect of topical glucocorticoid could be demonstrated. Accordingly, claim 1 has been amended to distinguish over Aoki et al.														
[Attach additional sheets, if needed.] All errors corrected in this reissue application arose without any deceptive intention on the part of the applicant.														
I hereby appoint:														
<input checked="" type="checkbox"/> Practitioners associated with Customer number:		02292												
OR														
<input type="checkbox"/> Practitioner(s) named below:														
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th>Name</th> <th>Registration Number</th> </tr> </thead> <tbody> <tr><td> </td><td> </td></tr> </tbody> </table>		Name	Registration Number											
Name	Registration Number													
as my/our attorney(s) or agent(s) to prosecute the application identified above, and to transact all business in the United States Patent and Trademark Office connected therewith.														
Correspondence Address: Direct all communications about the application to:														
<input checked="" type="checkbox"/> The address associated with Customer Number:		02292												
OR														
<input type="checkbox"/> Firm or individual Name														
Address														
City	State	Zip												
Country														
Telephone	Fax													
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine and imprisonment, or both, under 18 U.S.C. 1001, and that such willful false statements may jeopardize the validity of the application, any patent issuing thereon, or any patent to which this declaration is directed.														
Signature 	Date 4 October 2005													
Full name of person signing (given name, family name) Lars Adlersson														
Address of Assignee Luzastigen 7, S-141 44 Huddinge, SWEDEN														

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